

October 7, 2016



To Whom It May Concern:

The Kentucky Academy of Nutrition and Dietetics (the "Kentucky Academy") appreciates the opportunity to submit comments to the Department of Medicaid Services related to Governor Bevin's Medicaid plan. Representing more than 1300 Registered Dietitian Nutritionists (RDNs), we are committed to serving the public by optimizing health through nutrition and are writing to request for RDNs to be reimbursed for delivering effective nutrition services in Kentucky.

Medicaid is a critically important service for Kentuckians. The Kaiser Commission on Medicaid and the Uninsured notes the high rate of Medicaid beneficiaries afflicted with chronic conditions: "Rates of diabetes, hypertension, and heart disease are at least twice as high among adults on Medicaid compared to low-income, uninsured adults."¹ The Kentucky Academy agrees with the importance of "transforming Kentucky's Medicaid program in an effort to produce better health outcomes while ensuring long-term fiscal sustainability of the program" from Governor Bevin's letter to Madame Secretary on August 24, 2016.

Medical Nutrition Therapy (MNT) provided by RDNs is a widely recognized and effective component of numerous clinical practice guidelines for the prevention and treatment of diet-related chronic diseases.² Research shows that patients who receive treatment from a RDN are twice as likely to achieve an average weight loss of 8.8 to 15.4 pounds and decrease the development of diabetes by 50 percent. These patients also improved blood pressure and exercise more than patients who did not receive treatment from an RDN.³ Treatment provided by RDNs improves patient health and increases productivity through decreased doctor visits, fewer hospitalizations and re-admissions, and reduced prescription drug usage.

RDN-provided treatment is not only clinically effective, but it is cost efficient. Research shows a savings of \$4.28 for each dollar spent on MNT and every dollar invested in an RDN-led lifestyle modification program leads to a \$14.58 return on investment. RDN's services cost 25 percent less per 2 pounds of weight loss. Nutrition interventions reduce and even eliminate the need for costly long-term medications and hospitalizations. Moreover, studies show that the cost of losing a kilogram of weight is more expensive under a physician (\$9.76) than it is under a registered dietitian (\$7.30).⁴ **RDNs are recognized as the most qualified experts to treat diet-related diseases by the Institute of Medicine and physicians.**⁵

Unfortunately, and despite indications that improvements could be made in 2008,⁶ Kentucky limited access to clinically effective and cost efficient MNT services to beneficiaries, effectively precluding Kentuckians from obtaining MNT through their Medicaid insurance unless the nutrition professional is employed by the KY Health Department. Since the KY Health Department employs only 63 RDNs, we encourage **Kentucky to enable the more than 1300 RDNs across the state to provide and be reimbursed for delivering effective MNT services to their patients and clients.**

Thank you for your careful consideration of the Kentucky Academy's comments. We look forward to continued opportunities to work with you to design a health care delivery and payment system that improves the health of the commonwealth and ensures long-term fiscal sustainability. Please do not hesitate to contact us by phone at (859) 218-4912 or email at amanda.s.hege@gmail.com for more information.

Sincerely,

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¹ "Coverage of Preventive Services for Adults in Medicaid Kaiser Report. Accessed January 4, 2016. Available at <http://files.kff.org/attachment/coverage-of-preventive-services-for-adults-in-medicaid-issue-brief>.

² See, e.g., AACE/ACE Comprehensive Diabetes Management Algorithm, Endocr Pract. 2015;21(No. 4) ("Medical nutrition therapy (MNT) is recommended for all people with prediabetes and diabetes. MNT must be individualized, generally via evaluation and teaching by a trained nutritionist or registered dietitian or a physician knowledgeable in nutrition.")

³ U.S. Preventive Services Task Force. *Screening for and Management of Obesity in Adults: U.S. Preventive Services Task Force Recommendation Statement*. AHRQ Publication No. 11-05159-EF-2. June 2012. <http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm>

⁴ Pritchard et al. "Nutritional Counseling in General Practice: A Cost-Effectiveness Analysis." *Journal of Epidemiology and Community Health*, 53 (2009): 311-316.

⁵ Committee on Nutrition Services for Medicare Beneficiaries. "The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population." Washington, DC: Food and Nutrition Board, Institute of Medicine; January 1, 2000 (published).

⁶ See, Memorandum re Frequently Asked Questions concerning the new changes for group basic nutrition and group Medical Nutrition Therapy (November 15, 2007) from Emma S. Walters to Public Health Nutritionists, Nurse Administrators, Local Health Department Nursing Staff, and Health Educators.